

**BUDGET APPROPRIATION INCREASE REQUEST**Auditor Number B-49DEPARTMENT NAME CALAIM/JailDate: 3/25/2025

I am requesting an increase to my budget appropriates as listed below:

**Check one** ☐ "Previous Year Revenue"☒ "New Revenue"Funding Source CALAIM AB133 funds held in account 581 for payment to HMA for services rendered through February 2025.**\*\*\*Note** General Fund and Public Safety "MUST" use Contingency when increasing budget

| Increase Revenue Budget |                   |                 |              | Increase Expenditure Budget |                   |                               |              |
|-------------------------|-------------------|-----------------|--------------|-----------------------------|-------------------|-------------------------------|--------------|
| FUND<br>DEPT NO         | ACCOUNT<br>NUMBER | ACCOUNT<br>NAME | AMOUNT       | FUND<br>DEPT NO             | ACCOUNT<br>NUMBER | ACCOUNT<br>NAME               | AMOUNT       |
| 2032                    | 4505723           | CALAIM          | \$ 15,160.00 | 2002                        | 59000             | Contingency                   | \$ 15,160.00 |
| 2002                    | 59000             | Contingency     | \$ 15,160.00 | 2032                        | 53230             | Professional/Special Services | \$ 15,160.00 |
| Total Journal           |                   |                 | \$ 30,320.00 | Total Journal               |                   |                               | \$ 30,320.00 |

TRANSFER APPROVED


 SIGNATURE OF REQUESTING OFFICIAL
3-24-2025

DATE

Ana Zamacona3/25/2025

AUDITOR

DATE

BOARD OF SUPERVISORS DATE